

MDR Tracking Number: M5-04-2818-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 04-30-04.

The following disputed date of service was withdrawn by the requestor on September 8, 2004 and therefore will not be considered in this review: CPT codes 90801, 90825, and 90830 for date of service 5/27/03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visit on 4/23/03 and the preparation of report of patient's psychiatric status on 9/19/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 21, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service for CPT code 99213 (office visit) on date of service 6/30/03. Reimbursement is recommended in the amount of \$48.00 in accordance with the 1996 Medical Fee Guidelines.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 6/30/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 16<sup>th</sup> day of September 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

July 23, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-2818-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear Ms. Lopez:

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in the area of Pain Medicine and is currently on the TWCC Approved Doctor List.

#### **REVIEWER'S REPORT**

##### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: letter of medical necessity, office notes, physical therapy notes, PPE, radiology report and designated doctor exam.

Information provided by Respondent: correspondence.

**Clinical History:**

This claimant was involved in a work-related fall on \_\_\_\_\_. Resultant complaints of low back pain, headache, and right elbow pain coupled with the nature of the injury apparently prompted MRI evaluation of the lumbar spine, head, and right elbow. Positive findings included annular tears at the L3-L4, L4-L5, and L5-S1 discs and a mild effusion at the right elbow. The claimant was apparently treated conservatively and went on to participate in a chronic pain management program in September of 2003. He was recommended for discharge from that program, and an additional evaluation was requested at that time. No specific recommendations for further medical treatment was noted in the chronic pain management program discharge summary.

**Disputed Services:**

Office visits-new/established patient, and preparation of report of patient's psychiatric status during the period of 04/23/03 through 09/19/03,.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

**Rationale:**

With positive MRI findings of annular tears at 3 lumbar levels, continued lumbar pain and/or lower extremity pain issues could be expected. Rather than pursue further psychological evaluation specific treatment strategies for existing lumbar pathology should be addressed. Pursuing more psychological testing was neither reasonable nor necessary and further delayed initiation of definitive therapy.

Sincerely,